

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0012575**

**Insp Area: 4**

**Site Address: 1689 ARDEN WY SAC**

Parcel No: 277-0160-071 #1024

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

HARESTY & ASSOCIATES INC.  
1991 VALLEY PARK WAY SUITE 203  
ENCINITAS CA 92024

**OWNER**

ARDEN FAIR ASSOCIATES  
1689 ARDEN WAY #1167  
SACRAMENTO CA 95815

**ARCHITECT**

**Nature of Work: INT REMODEL FOR NEW TENANT SALON 934 SQFT  
SPACE # 1024**

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C)

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class BHC License Number 634021 Date 12/31/2001 Contractor Signature [Signature]

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code. The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under Sec \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1/4/01 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier LIBERTY MUTUAL Policy Number ERR 0025-370 Exp Date 1-1-02

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall comply with those provisions.

Date 1-4-01 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <span style="font-size: 2em; font-family: cursive;">00 12575</span>	Insp. Area <span style="font-size: 2em; font-family: cursive;">4C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1689 ARDEN WAY Suite 1024  
 PARCEL # 277-0160-071

<p style="text-align: center;">CONTACT</p> <p>Name <u>Scott Stahl / EXPRESS PERMITS</u>                  Street Address <u>1327 POST AVE STE. H</u>                  City/State/Zip <u>TORRANCE, CA 90501</u>                  Phone <u>310.328.6300 x110</u> FAX <u>310.328.2530</u>                  E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR</p> <p>Name <u>and 10917</u> Lic No. # _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>PHILIP PROSSER / EXPRESS PERMITS</u>                  Address <u>1327 POST AVE STE. H</u>                  City/State/Zip <u>TORRANCE, CA 90501</u>                  Phone <u>310.328.6300 x110</u> FAX <u>310.328.2530</u>                  E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MACEZICH</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: COMMERCIAL PLANT IMPROVEMENT 934P  
FOR BEAUTY SALON  
DBA: REGIS BEAUTY SALON REMODEL

OCCUPANT/TENANT: REGIS VALUATION: \$ 31,750

FLOOD STATUS: <u>N/A</u>		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N		Fed Code		Vio. File	
<u>2</u>		<u>934</u>		<u>B</u>	<u>VN</u>	<input checked="" type="checkbox"/> SPR	<input type="checkbox"/> ALARM	<u>18</u>		[H] [Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		D	PW	UTIL	
		<u>13110</u>	<u>N/A</u>		<u>13110</u>			<u>RSP</u>			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
13110

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 Commercial  Residential



ACCEPTED by (Staff): \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
FIRE SAFETY			10/24/00						
STRUCTURAL			"						
MECHANICAL/PLUMBING									
ELECTRICAL			10-23-00	3	T.L.M.	11-15-00			
IRRIGATION									
LANDSCAPING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 1-30-01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1689 Arden Way #1024

Has been conducted by Inspector

S. Bodick

On

1-24-01

00-12575-199      934  
Permit Number      194      Square Footage

Remodel + off spec RXT  
Type of Inspection

The system is acceptable by this department.

R Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-863  
F.D. Reference Number